

2-23-04

PTO/SB/21 (03-03)
Approved for use through 4/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/617,038	
	Filing Date	July 11, 2003	
	First Named Inventor	Andersen et al	
	Group Art Unit	1614	
	Examiner Name		
Total Number of Pages in this Submission	4	Attorney Docket Number	SSI5AUSA

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1-Reference
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	HOWSON AND HOWSON Cathy A. Kodroff
Signature	
Date	February 20, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date:			
Typed or printed name			
Signature		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1 -800-PTO-9199 (1-800-786-9199) and select option 2.

Express Mail No. EU531574484US

Customer No. 00270



CUSTOMER NO. 00270

SSI5AUSA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of) Group Art Unit: 1614
)
Andersen et al) Examiner:
)
Appln. No. 10/617,038) Confirmation No. 5215
)
Filed: July 11, 2003)
)
For: THERAPEUTIC TB VACCINE) February 20, 2004

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

THIRD SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Applicant submits to the Examiner the attached Form PTO/SB/08B document listing and this paper pursuant to 37 CFR § 1.56 and § 1.97-1.98. Form PTO/SB/08B is attached and a copy of the document are enclosed herewith. This Information Disclosure Statement is submitted more than three months from the filing date of this application and before the receipt of a first Office Action on the merits. Therefore, no fees are believed due.


The Director is hereby authorized to charge any deficiency in any fees due with the filing of this paper or credit any overpayment in any fees to our Deposit Account Number 08-3040.

Express Mail No. EU531574484US

The Examiner is respectfully requested to consider the enclosed document identified in this paper and in the attached Form PTO/SB/08B during the course of examination of this application.

Respectfully submitted,

HOWSON AND HOWSON
Attorneys for Applicant

By 
Cathy A. Kodroff
Registration No. 33,980
Spring House Corporate Center
Box 457
Spring House, PA 19477
Phone: (215) 540-9200
Fax: (215) 540-5818

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/617,038
				Filing Date	July 11, 2003
				First Named Inventor	Andersen et al
				Group Art Unit	1614
				Examiner Name	
Sheet	1	of	1	Attorney Docket Number	SSIS AUSA

OTHER PRIOR ART-NONPATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include the name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item, (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), coloumeousse number(s), publisher, city and/or country where published	T ²
	MM	SINIGAGLIA ET AL, "A Malaria T-Cell Epitope Recognized in Association with Most Mouse and Human MHC Class II Molecules", Nature, Vol. 336, 6201, pp. 778-780, (December 22-29, 1988)	
Examiner Signature		Date Considered	

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. this collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETE FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.